MARYLAND JUDICIARY

State of Maryland Judiciary

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ hereby authorize and request _____, M.D. to provide any information regarding my medical condition as it relates to the performance of the essential functions of my job. I understand that this information will be used solely for the purpose of evaluating my request for reasonable accommodation and the information will remain strictly confidential. Disclosure will be made to those individuals necessary to aid in determining and implementing reasonable accommodations.

_____

Employee's Signature

_____

Date

Health Care Provider's Name and Address:

_____

_____

_____

Phone: _____